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AF mmissioner for D. Box 1450 xandria, VA 223 ransmitted here	313-1450	ndment in the	above-identifi	ed ap	plication.		***************************************	
ne fee has beer	n calculated an	d is transmitte	d as shown be	elow				
	CLAIMS AS AMENDED							
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present		Rate			
Total Claims	16	- 20 =	0	х	50.00		0.00	
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